



(Please Print or Type)

APPLICATION - LEVELS I, II, III
New Jersey Certified Public Manager Program
New Jersey Department of Personnel - HRDI

FOR PROGRAM USE ONLY

Assigned Group Number	Start Date
Location	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

1. NAME (last, first, middle initial)		2. SOCIAL SECURITY NUMBER	
3. JOB TITLE & TITLE RANGE (Department of Personnel Title for State Employees)		4. E-Mail Address	
5. DEPARTMENT / AGENCY / JURISDICTION		6. DIVISION/INSTITUTION/UNIT	
7. BACKGROUND DATA <i>Completion of this part is voluntary and is to be used only for complying with EEOC Guidelines and the New Jersey State Affirmative Action Program.</i>		A. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		B. CHECK THE GROUP YOU ARE A MEMBER OF 1 <input type="checkbox"/> Black (Non Hispanic) 2 <input type="checkbox"/> White (Non Hispanic) 3 <input type="checkbox"/> Hispanic 4 <input type="checkbox"/> Asian or Pacific Islander (Including Indian Sub-continent) 5 <input type="checkbox"/> American Indian or Alaskan Native	
8. ADA ACCOMMODATION: If you need any special consideration/assistance in order to take this course, please contact the CPM Office.			
9. HOME ADDRESS (Street, City, County, State, & Zip Code) Home Phone: () -		10. BUSINESS ADDRESS (Street, City, State, & Zip Code) Business Phone: () Business Fax: ()	
11. Please attach an organizational chart with the names and titles of individuals supervised by you, and a brief description of your supervisory responsibilities.			
PRIVACY ACT STATEMENT: Participant data, including Social Security Number, is requested in order to identify participants accurately for registration into Institute events, to confirm registrations, and to produce staff development records and reports. Any other use of this information and any release outside the Institute and the customer organization are prohibited. Authority to collect this data is pursuant to NJSA 11A:6-25 and NJAC 4A:6-4.2(e). The provision of this information is voluntary on the part of the participant.			
12. Total years of Experience in NJ Government _ _ _ _ _		15. Class location: Levels I - III are held at a variety of sites. Please check box and fill in the name of the site of your first and second site choice. 1st Choice: <input type="checkbox"/> North <input type="checkbox"/> Central <input type="checkbox"/> South 2nd Choice: <input type="checkbox"/> North <input type="checkbox"/> Central <input type="checkbox"/> South	
13. Total years of Supervisory Experience _ _ _ _ _			
14. EDUCATION (Check highest level completed) <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Some Post Graduate <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters Area of Study:		16. APPLICANT'S SIGNATURE DATE: _ _ _ _ _ THIS APPLICANT IS AUTHORIZED TO ATTEND THE CERTIFIED PUBLIC MANAGER PROGRAM. (LEVELS I - III) DATE: _ _ _ _ _ (Chief Executive Officer or Designee)	
		Send completed forms to: NJ Department of Personnel HRDI Certified Public Managers Program P.O. Box 318 Trenton, NJ 08625-0318 Or Fax: (609) 777-3763 Attn: CPM Program For more information please call: HRDI: (609) 777-0364	